

PISOUUD 68741

(Requestor's Name)

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☐ PICK-UP

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☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

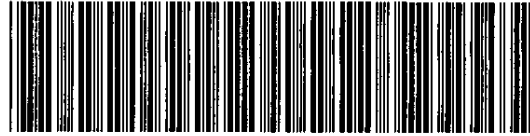
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T. SCOTT



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FLORIDA DEPARTMENT OF STATE
Division of Corporations

July 28, 2015

LEANN LARSON CROKE
25444 BABETTE COURT
PUNTA GORDA, FL 33983

SUBJECT: L. LARSON CROKE, P.A.
Ref. Number: W15000050850

We have received your document for L. LARSON CROKE, P.A. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

The Florida Statutes require an entity to designate a street address for its principal office address. A post office box is not acceptable for the principal office address. The entity may, however, designate a separate mailing address. The mailing address may be a post office box.

The specific business purpose of the professional association must be stated in the document.

The form needs to be completed in ink.,

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Tyrone Scott
Regulatory Specialist II
New Filings Section

Letter Number: 815A00015810

COVER LETTER

Department of State
New Filing Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT: L. LARSON CROKE, P.A.
(PROPOSED CORPORATE NAME - MUST INCLUDE SUFFIX)

Enclosed are an original and one (1) copy of the articles of incorporation and a check for:

☐ \$70.00
Filing Fee

☒ \$78.75
Filing Fee
& Certificate of Status

☒ \$78.75
Filing Fee
& Certified Copy

☐ \$87.50
Filing Fee,
Certified Copy
& Certificate of
Status

ADDITIONAL COPY REQUIRED

FROM: L. LARSON CROKE
Name (Printed or typed)
25444 BABETTE COURT
Address
PUNTA GORDA FL 33983
City, State & Zip
941-629-0372
Daytime Telephone number
leann99@strato.net
E-mail address: (to be used for future annual report notification)

NOTE: Please provide the original and one copy of the articles.

ARTICLES OF INCORPORATION

In compliance with Chapter 607 and/or Chapter 621, F.S. (Profit)

ARTICLE I NAME

The name of the corporation shall be: L. LARSON CROKE, P.A.

ARTICLE II PRINCIPAL OFFICE

Principal street address

Mailing address, if different is:

25444 BABETTE COURT
PUNTA GORDA, FL 33983

ARTICLE III PURPOSE

The purpose for which the corporation is organized is: REAL ESTATE

ARTICLE IV SHARES

The number of shares of stock is: 100

ARTICLE V INITIAL OFFICERS AND/OR DIRECTORS

Name and Title: LEANN LARSON CROKE, Pres Name and Title: _____

Address: 25444 BABETTE CT Address: _____

PUNTA GORDA, FL

33983

Name and Title: MERLE LARSON, Treas Name and Title: _____

Address: 20169 DANTE AVE Address: _____

PORT CHARLOTTE, FL

33952

Name and Title: _____ Name and Title: _____

Address: _____ Address: _____

Name and Title: _____ Name and Title: _____
Address _____ Address: _____

ARTICLE VI REGISTERED AGENT

The **name and Florida street address** (P.O. Box NOT acceptable) of the registered agent is:

Name: LEANN LARSON CROKE
Address: 25444 BABETTE COURT
PUNTA GORDA FL 33983

ARTICLE VII INCORPORATOR

The **name and address** of the Incorporator is:

Name: LEANN LARSON CROKE
Address: 25444 BABETTE COURT
PUNTA GORDA FL 33983

ARTICLE VIII EFFECTIVE DATE:

Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior or 90 business days after the filing.)

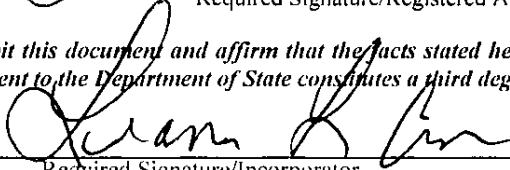
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

Having been named as registered agent to accept service of process for the above stated corporation at the place designated in this certificate, I am familiar with and accept the appointment as registered agent and agree to act in this capacity


Required Signature/Registered Agent

8-11-2015
Date

I submit this document and affirm that the facts stated herein are true. I am aware that the false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.


Required Signature/Incorporator

8-11-2015
Date